

APPLICATION FOR ENDANGERED SPECIES PERMIT

INSTRUCTIONS:

1. Fee \$25.00. Make check or money order payable to Department of Natural Resources.
2. Print or type all information.
3. Please be sure to complete both pages of this application.
4. Return completed application to Permits Coordinator, Wildlife & Heritage Service, Tawes State Office Building, Annapolis MD 21401 and contact this office at 410-260-8540, or 1-877-620- 8DNR, Ext. 8540, if you have any questions.

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

E-MAIL ADDRESS: _____

NAME OF
ORGANIZATION _____

ADDRESS OF
ORGANIZATION _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE NUMBER _____

PROJECT PROPOSAL (Reason for study, objective, justification, etc.)
Use additional sheet if necessary.

FINAL DISPOSITION OF
SPECIMENS _____

SPECIFIC AREAS WHERE COLLECTION WILL TAKE
PLACE _____

SPECIFIC TIME PERIOD NEEDED FOR COLLECTION:

From _____ To _____

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LIST OF TYPES, NUMBERS, AGE, CLASSES AND SEX OF SPECIMENS TO BE COLLECTED.

Use additional sheet if necessary.

<u>Species (Common & Scientific Names)</u>	<u>Number</u>	<u>Age</u>	<u>Sex</u>
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METHODS OF COLLECTION:

FEDERAL PERMIT NUMBER (If applicable). _____

Copy of Federal Permit should be attached to application.

LIST OF COLLECTORS IN ADDITION TO APPLICANT (if any).

<u>Name</u>	<u>Address</u>	<u>Title</u>
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I hereby certify that all statements made on this application are true and correct to the best of my knowledge and belief.

_____ Signature of Applicant	_____ Date
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FOR OFFICE USE ONLY _____

Fee Enclosed _____ Yes _____ No Check or Money Order No. _____

Application is ___ Disapproved ___ Approved

Permit Number _____ Date Issued _____

Valid From _____ To _____

Comments: